

ACVREP

Academy for Certification of Vision
Rehabilitation & Education Professionals



CERTIFIED LOW VISION THERAPIST® (CLVT®) ELIGIBILITY APPLICATION

Please Do Not Duplicate

Revised May 2010

Eligibility Application for Low Vision Therapy

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden/Other Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

EDUCATIONAL HISTORY

Bachelor's Degree: Major: _____ Institution: _____

Completion Date: _____

Secondary Diploma (Non-U.S. Candidates Only): _____

Institution: _____ Completion Date: _____

Master's Degree: Major: _____ Institution: _____

Completion Date: _____

Advanced Degree: Major: _____ Institution: _____

Completion Date: _____

Certificate only Program: Major: _____ Institution: _____

Completion Date: _____

Please Note: U.S. Candidates must hold a minimum of hold a Bachelor's degree to apply for certification. Non-U.S. Candidates must have a Bachelor's degree (or equivalent, as verified by an independent credentialing body) or post-secondary diploma to apply for certification). Please refer to the eligibility criteria on page 5 to assess the appropriate category under which you should apply and the documents that you will need to complete and submit with this application.

Please check the category under which you are applying:

Category 1 _____

Category 2 _____

Select which of the following best describes your complete program of study, excluding field experiences (check all applicable categories):

- _____ 1. Face-to-face delivery of instruction on the university campus (in class on campus).
- _____ 2. Technologically mediated delivery of instruction for the entire program (e.g., classes were provided on-line and/or through streaming videos, videotapes, video-conferences, teleconferences, etc.).
- _____ 3. Face-to-face remote site delivery of instruction (received in class training off campus).

STATEMENT OF ENDORSEMENT

I, the undersigned, having read, understood, and agreed with the obligations, responsibilities, and privileges stated in the **Low Vision Therapist Code of Ethics** and the **Low Vision Therapist Standards of Professional Behavior**, do promise to support and uphold the code and standards to the best of my ability in order to maintain the highest standards for the purpose of protecting the rights of the individual who must avail himself/herself of my service.

Applicant's Signature

Date

STATEMENT OF INTEGRITY

Candidates must sign the following statement: I do hereby acknowledge that all the information submitted in connection with my application to the certification program is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance into the program or certification revocation, and may bar me from future certifications.

Applicant's Signature

Date

The eligibility application fee is \$105.00. Enclose a check or money order payable in U.S. dollars to ACVREP. If you would rather pay by debit/credit card (Visa or MasterCard), please complete the following:

Your name, exactly as it appears on the card: _____

Debit/Credit card number: _____

Billing address: _____

Expiration date: _____

Three digit security code on the back of the card: _____

Amount authorized to charge to card: _____

SUBMIT ALL MATERIALS IN ONE PACKAGE TO:

**ACVREP
3333 N. Campbell Ave., Suite 2
Tucson, AZ 85719, USA**

Application Process

1. Download the CLVT Eligibility Application from the ACVREP website at www.acvrep.org. Applicants for certification may also request the CLVT Eligibility Application from the ACVREP office, 3333 N. Campbell Ave., Suite 2, Tucson, AZ, 85719 or call 520.887.6816 (ext. 222).
2. When the application is completed, it should be mailed back to the ACVREP office with the appropriate fee.
3. The initial application process has four steps:
 - A) Complete the CLVT Eligibility Application and required forms. Once the forms are completed, mail the application with required documentation and payment to the ACVREP office. ACVREP staff will review the application to assess your eligibility to sit for the certification exam. If necessary, ACVREP staff will consult with the CLVT Certification Committee in the determination of applicant eligibility.
 - B) Once you are found eligible to sit for the ACVREP Low Vision Therapy Certification Examination, your status classification will be modified from “applicant” to “candidate.” Upon achieving “candidate” status, ACVREP will provide you with the Examination Registration Form. The Examination Registration Form provides directions on how to create your “test taker account” within ACVREP’s online testing portal. As a candidate, you may at this time create your “test taker account.” However, you will not be able to schedule the exam (location, date, or time) until ACVREP has provided you with a voucher number to complete the process. This unique voucher number is valid for only one (1) administration of the certification exam.

The Examination Registration Form must be completed and returned to ACVREP with payment. Once the completed Examination Registration Form and payment are received by ACVREP, a voucher number will be provided to you via e-mail. You will utilize the voucher number provided by ACVREP to complete the online exam scheduling process. It is expected by ACVREP that you will not share information regarding the exam registration/scheduling process (i.e. registration website address, login information, passwords, or voucher numbers) with any other individual. If you are found to have shared such information, you may face disciplinary action jeopardizing your eligibility to sit for the certification exam and/or to obtain ACVREP certification.

Please note: Applicants are required to submit the Examination Registration Form within one (1) year after submitting their eligibility application. For example, if an applicant submits an eligibility application on June 1st, s/he will need to submit an Examination Registration Form, with payment of the exam fee, prior to June 1st of the following year. If the candidate does not submit the Examination Registration Form within the one (1) year timeframe, s/he must reapply for eligibility.

- C) Take the certification exam at a KRYTERION High-stake Secure Testing (HOST) location. There are hundreds of locations available to you for your convenience. Upon completion of the certification exam, you will receive the results of your exam immediately. ACVREP is notified of your exam results within one (1) business day.

Please note: A rescheduling fee will be charged if an exam is canceled by a candidate after the acceptable cancellation deadline as specified by ACVREP and/or its testing contractor.

- D) Upon successful completion of the certification exam, ACVREP will provide you the Application for Certification via e-mail within five (5) business days. You must then complete and submit this application to the ACVREP office with payment.
4. It is the responsibility of the ACVREP staff to check each application packet to see that it is complete. If it is not complete, the applicant will be notified via email and/or phone and requested to provide the required information to complete the application packet.
 5. Applications for Certification will be due to the ACVREP office by the first of March, June, September, and December.
 6. Applications for Certification will be reviewed and a quarterly certification roster will be submitted to the ACVREP Board of Directors for review and approval by March 10th, June 10th, September 10th, and December 10th.
 7. Upon the majority approval by the ACVREP Board of Directors, certificates will be issued with the respective expiration dates of March 31st, June 30th, September 30th, and December 31st. Certificates will be distributed via U.S. Postal Service ground mail within five (5) business days following Board Approval of the quarterly certification roster.
 8. Certification will be issued for five years. Once certification is issued, your status will be modified from “candidate” to “certificant.”

Certified Low Vision Therapist® (CLVT®) Certification Eligibility Criteria

CATEGORY 1 (GRADUATES OF LOW VISION PROGRAMS)

Eligibility to sit for the certifying examination:

For U.S. Candidates

- Proof of a minimum of a Bachelor's degree from an accredited university or college with an emphasis in low vision therapy. This degree should be granted from a university or college with a program of study in low vision that meets the low vision therapy core domain areas (see **Appendix A** in the CLVT Eligibility Application).

For Non-U.S. Candidates

- Proof of a minimum of a Bachelor's degree (or equivalent, as verified by an independent credentialing body) or post-secondary diploma from an accredited university or college with an emphasis in low vision therapy. This degree should be granted from a college or university with a program of study that meets the low vision therapy core domain areas (see **Appendix A** in the CLVT Eligibility Application).

Supporting documentation required (for U.S. and Non-U.S. Candidates): Official transcripts documenting degree.

For All Candidates

- In conjunction with the university, successful completion of 350 hours of “discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.” The practice must be supervised by a CLVT and a physician (OD or MD) practicing in low vision. The CLVT supervisor may be offsite.

Supporting documentation required:

1. Clinical Competency Evaluation Form completed and signed by both the CLVT practice supervisor and OD/MD (see **Appendix B** in the CLVT Eligibility Application).

Please note: Applicants completing multiple internships in order to meet the minimum hour or competency requirements, must submit a Clinical Competency Evaluation Form for all internships completed, signed by the CLVT and OD/MD supervisors.

2. If the CLVT practice supervisor is offsite, an Off-Site Supervisor Contract must also be completed, signed by the practice supervisor and applicant, and approved by the ACVREP office prior to the practice taking place (see **Appendix C** in the CLVT Eligibility Application).
- Sign the Statement of Endorsement agreeing to uphold high ethical and professional standards and the Statement of Integrity (see CLVT Eligibility Application).

Eligibility for ACVREP CLVT® certification:

1. Pass the ACVREP Low Vision Therapy Certification Examination demonstrating knowledge of low vision principles and applications.
2. Approval by the ACVREP Board of Directors.

CATEGORY 2 (GENERAL)

Eligibility to sit for the certifying examination:

For U.S. Candidates

- Proof of a minimum of a Bachelor’s degree from an accredited university or college in any field. In addition, the CLVT supervisor must verify that the applicant demonstrates basic competency in all core domain areas.

For Non-US Candidates

- Proof of a minimum of a Bachelor’s degree (or equivalent, as verified by an independent credentialing body) or post-secondary diploma from an accredited university or college in any field. In addition, the CLVT supervisor must verify that the applicant demonstrates basic competency in all core domain areas.

Supporting documentation required (for U.S. and Non-U.S. Candidates):

1. Official transcripts documenting the degree.
2. Core Domain Area Checklist verifying basic competency in all core domain areas must be completed by the CLVT supervisor and submitted with your eligibility application (see **Appendix D** in the CLVT Eligibility Application).

For All Candidates

- Have completed 350 hours of “discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc.” The practice must be supervised by a CLVT and a physician (OD or MD) practicing in low vision. The CLVT supervisor may be offsite.

Supporting documentation required:

1. Clinical Competency Evaluation Form completed and signed by the CLVT practice supervisor and OD/MD (see **Appendix B** in the CLVT Eligibility Application).

Please note: Applicants completing multiple internships in order to meet the minimum hour or competency requirements, must submit a Clinical Competency Evaluation Form for all internships completed, signed by the CLVT and OD/MD supervisors.

2. If the CLVT practice supervisor is offsite, an Off-Site Supervisor Contract must also be completed, signed by the practice supervisor and applicant, and approved by the ACVREP office prior to the practice taking place (see **Appendix C** in the CLVT Eligibility Application).
- Sign the Statement of Endorsement agreeing to uphold high ethical and professional standards and the Statement of Integrity (see CLVT Eligibility Application).

Eligibility for ACVREP CLVT® certification:

1. Pass the ACVREP Low Vision Therapy Certification Examination demonstrating knowledge of low vision principles and their applications.
2. Approval by the ACVREP Board of Directors.

APPENDIX A

CORE DOMAIN AREAS

KNOWLEDGE OF THE VISUAL SYSTEM

1. Know the visual system (oculomotor system, eye, optic pathway, and brain).
2. Know eye conditions and their implications.

KNOWLEDGE OF THE IMPACT OF DISEASE, TRAUMA & AGING ON VISUAL SYSTEM

1. Know normal changes in vision with aging, such as changes in the lens, pupil size, light/dark adaptation, and glare sensitivity.
2. Know visual and non-visual effects of other medical conditions such as diabetes, head injury, multiple sclerosis, cerebral palsy, or Parkinson's on vision rehabilitation.
3. Know psychosocial consequences of vision impairment.

KNOWLEDGE OF OPTICAL AND NON-OPTICAL EQUIPMENT AND INTERVENTION STRATEGIES

1. Know and use principles of optics including implications of refractive errors, effects of lenses on magnification, effects of prisms, and the different definitions of magnification.
2. Know clinical rationales for prescription of optical devices.
3. Know optical devices used for near tasks including magnification and optical specifications, advantages and limitations, positioning requirements, appropriate visual skills, and care and maintenance.
4. Know optical devices used for intermediate tasks, magnification specifications, including advantages and limitations, appropriate visual skills, and care and maintenance.
5. Know optical devices for distance tasks including magnification specification, advantages and limitations, appropriate visual skills, and care and maintenance.
6. Know field expansion devices.
7. Know non-optical and electronic, computer based devices for magnification.
8. Know optical and non-optical devices for lighting and glare control.
9. Know non-optical devices for activities of daily living, leisure skills, educational and vocational activities.
10. Know other options including text-to-speech systems for reading.

KNOWLEDGE OF THE REFERRED CONSUMER

1. Know normal human development across the life span (visual development from birth, major physiological, motor, cognitive, and sensory changes, and their implications).

KNOWLEDGE OF COMPONENTS OF LOW VISION EVALUATION

1. Review and interpret vision reports including abbreviations and notations that describe pathology, visual functioning, and refractive error.
2. Know tools and techniques for evaluating the visual function of consumers who have differing cognitive and linguistic abilities.

3. Know tools, techniques, and notations for evaluating functional visual acuities, interpreting results, and integrating results into treatment.
4. Know tools and techniques for evaluating functional visual fields, interpreting results, and integrating results into treatment.
5. Know tools and techniques for evaluating contrast sensitivity, interpreting results, and integrating results into treatment.
6. Know techniques for observing, evaluating, & interpreting performance of ocular motor skills, use of Preferred Retinal Locus, and light/dark adaptation.
7. Evaluate environment (school, work, and home) including lighting, glare, visual clutter and impact on visual function, and ergonomics.
8. Evaluate visual demands of a task considering size and distance of target, lighting, contrast, duration and speed.
9. Know how to calculate and apply acuity reserve, contrast reserve and field of view requirements for reading.
10. Know basis for and how to complete a reading media assessment.
11. Evaluate the appropriateness of devices for the performance of daily living, vocational and educational activities.
12. Know the basis for referral for Braille instruction.

KNOWLEDGE OF HOW TO PLAN AN INDIVIDUALIZED VISION REHABILITATION PLAN WITH CONSUMER & FAMILY

1. Know techniques and strategies for eliciting vision rehabilitation goals during the interview with the consumer and family.
2. Know how to write observable and measurable goals.
3. Know how to present and write recommendations, accommodations, and use of appropriate materials across environments.
4. Know the basis for referral to other vision rehabilitation and rehabilitation professionals including, but not limited to, vision rehabilitation therapist, vocational counselor, educator, orientation & mobility specialists, occupational therapists, physical therapists, speech therapists, social workers, physicians, psychologists, and psychiatrists.

KNOWLEDGE OF HOW TO IMPLEMENT AN INDIVIDUALIZED VISION REHABILITATION PLAN WITH CONSUMER & FAMILY

1. Know techniques for integrating the performance of ocular motor skills, and eccentric viewing into daily activities.
2. Know how to meet visual requirements of a task by considering size, distance, lighting, contrast, duration, and speed of a target.
3. Know methods and materials for teaching visual skills including localizing, focusing, fixation, tracing, scanning, tracking, and distance and depth judgment.
4. Know methods and materials for teaching awareness and implications of central and peripheral visual field loss and use of remaining vision.
5. Know and apply principles of optics, size and relative distance magnification and implications of refractive errors to compensate for impaired visual acuity to enable performance of a variety of activities.
6. Know how to select alternative optical devices that have equivalent magnification properties
7. Know how to teach use of optical devices to perform a variety of self-care, leisure, academic, household and vocational activities.

8. Know how to design and teach use of non-optical strategies to achieve magnification, ergonomic solutions, contrast enhancement, optimal lighting, glare control, performance of activities of daily living.
9. Know how computer assistive devices and software enable achievement of home management, vocational and educational goals.
10. Know appropriate referral resources including vision rehabilitation services, medical and other healthcare, social/recreational, educational support services, vocational rehabilitation, and community services.

KNOWLEDGE OF HOW TO MANAGE PRACTICE AND RESOURCES

1. Know aspects of maintaining confidentiality of consumer information.
2. Know application of professional code of ethics and standards of practice.
3. Know the laws and legal issues that apply to education and rehabilitation practice.
4. Describe policies and requirements for insurance and governmental funding for services and devices.

APPENDIX B

CLINICAL COMPETENCY EVALUATION FORM

NOTE: One form must be completed jointly by both the low vision eye care specialist (MD/OD) and CLVT supervisor. Upon completion, please seal in an envelope. The signature of one of the supervisors should be written across the seal. Provide the sealed, signed envelope to the applicant for submission to the ACVREP office.

The purpose of completing the Clinical Competency Evaluation Form by the eye care specialist and CLVT supervisor is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for certification as a Low Vision Therapist through ACVREP.

The applicant's successful completion of the 350-hour discipline specific practice requirement will be determined via pass/fail for the following 21 competencies. S/he is required to have received a "pass" on each of the 21 competencies. S/he is also required to have practiced a minimum of 350 hours in an interdisciplinary low vision service delivery system. The practicum experience may include, but is not limited to, direct service, observation, reports, telephone calls, and meetings.

Objectives of Performance Rating:

1. To determine the knowledge and clinical skills in the area of low vision therapy.
2. To objectively evaluate the applicant's overall performance as an eligibility requirement for professional certification in low vision therapy.

Applicant's Name: _____

Name of Agency/Clinic: _____

Dates of Practice under CLVT Supervision:

From: _____ **To:** _____

If part-time clinical practice, please indicate the number of hours per week and the dates of the clinical practice.

Hours per week: _____

Dates of Clinical Practice: _____ to _____

If the CLVT applicant has completed the required clinical practice (350 hours) at more than one agency/clinic, please list the additional agencies/clinics: (Name of agencies/clinics, addresses, phone numbers, dates of practice).

DIRECTIONS: For each competency listed below, please indicate whether the applicant passed or did not pass. All competencies require a rating and all competencies must be passed for the applicant to sit for the CLVT examination.

Competencies: Did the applicant...	Pass Yes/No	Comments
1. Demonstrate appropriate interpersonal relationships and the ability to work closely with colleagues and community professionals as a member of the interdisciplinary low vision team?		
2. Demonstrate a professional attitude and ethical behavior?		
3. Demonstrate a working knowledge of teaching and learning principles?		
4. Demonstrate the ability to assess the visual environment, provide appropriate environmental adaptations, and teach the use of environmental cues for using vision?		
5. Demonstrate an ability to interpret assessment data provided by professionals from a variety of disciplines?		
6. Demonstrate the ability to understand and utilize information from the clinical low vision examination?		
7. Demonstrate the ability to administer vision assessments and interpret results appropriately?		
8. Demonstrate the ability to assess and evaluate learners' needs and abilities in a variety of environments?		
9. Demonstrate the ability to assess the learners' effective use of low vision devices?		
10. Demonstrate the ability to plan appropriate goals for enhancing visual functioning with and without optical devices?		
11. Demonstrate the ability to select, design, and implement a sequential instructional plan?		
12. Demonstrate a working knowledge of the effects of disabling co-morbidities?		
13. Demonstrate knowledge of community, state, and national resources for vision education/rehabilitation?		
14. Demonstrate the ability to teach visual skills including fixation, localization, scanning, tracing and tracking to numerous learners with low vision for a variety of everyday tasks?		
15. Demonstrate the ability to record data, keep timely and accurate records, and participate in staff meetings?		
16. Demonstrate the ability to make appropriate referrals to other professionals and acquire/provide resources to address a variety of needs of learners who have visual impairments?		

17. Demonstrate the ability to design and implement low vision intervention programs for everyday tasks that are appropriate to the age, developmental level, and goals of the learners?		
18. Demonstrate the ability to instruct learners in the appropriate use of optical, electronic, and non-optical low vision devices?		
19. Demonstrate the ability to teach or refer for the use of alternative media or senses for tasks that are not efficiently or safely accomplished using vision?		
20. Demonstrate the ability to write appropriate reports of the learners' progress in reaching the goals and objectives of their vision education/rehabilitation programs?		
21. Demonstrate the ability to evaluate outcomes of intervention and provide appropriate follow-up?		

Statement of Integrity: We do hereby acknowledge that all the information submitted on this form is true and correct to the best of our knowledge and was completed in accordance with the Low Vision Therapist Code of Ethics (see Section 6 of the Low Vision Therapist Certification Handbook). We understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.

We, the undersigned, verify that the applicant has met the above competencies as indicated under our supervision. *We also verify that the applicant has completed a _____ hour LVT internship under our supervision.*

Signature of Eye Care Specialist

Date

Name (please print)

Title

Address

Telephone

Email address

Signature of CLVT Supervisor

Date

Name (please print)

Title

Address

Telephone

Email address

If the internship was off-site, please answer the following questions:

1. How many hours of direct supervision were actually provided? _____
2. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? _____ Yes _____ No

If yes, please list your suggestions:

APPENDIX C

OFF-SITE SUPERVISOR CONTRACT
(Required if CLVT Practice Supervisor is offsite)

If the CLVT practice supervisor is offsite, an “Off-Site Supervisor Contract” must be completed and signed by the CLVT practice supervisor and applicant prior to the practice taking place. This application must be approved by ACVREP in advance of initiating the offsite CLVT supervised clinical practice.

CLVT applicant’s name: _____

Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Country: _____

Work phone: _____ **Home phone:** _____

Fax: _____ **E-mail:** _____

CLVT applicant’s place of clinical practice (name of agency, address, phone number):

If the terms of the contract will be delivered through additional agencies, please provide the names, addresses, and phone numbers of the agencies.

CLVT supervisor: _____

CLVT supervisor’s place of employment (name of agency, address, phone number):

Brief description of clinical practice activities:

Projected start date: _____ **Projected date of completion:** _____

Total anticipated number of in-depth cases to be supervised by the CLVT supervisor (there must be a minimum of five (5) consumers with a wide range of needs and diversities from the beginning initial intake interview to the final case completion): _____

Total anticipated number of direct observation hours by the CLVT supervisor:

Total anticipated number of supervisory/technical assistance hours: _____

Comments:

I do hereby affirm that all of the information submitted on this form is true and correct to the best of my knowledge. I further affirm that this provisional contract will be completed with integrity and honesty and in accordance with the Low Vision Therapist Code of Ethics (see Section 6 of the Low Vision Therapist Certification Handbook).

Signature of CLVT applicant: _____ **Date:** _____

I do hereby affirm that all of the information submitted on this form is true and correct to the best of my knowledge. I further affirm that this provisional contract will be completed with integrity and honesty and in accordance with the Low Vision Therapist Code of Ethics.

Signature of CLVT supervisor: _____ **Date:** _____

For ACVREP office use only:

Approved by: _____

Approval date: _____

APPENDIX D

CORE DOMAIN AREA CHECKLIST
(Complete only for Category 2 applicants only)

The CLVT practice supervisor must complete this checklist to verify that the intern possesses knowledge of the LVT core domain areas. Please place an **X** under “yes” or “no” to indicate whether or not the intern has knowledge of the respective core domain area.

Intern’s Name: _____

YES **NO**

Knowledge of the visual system

- | | | | |
|----|--|-------|-------|
| 1. | Know the visual system (oculomotor system, eye, optic pathway, and brain). | _____ | _____ |
| 2. | Know eye conditions and their implications. | _____ | _____ |

Knowledge of the impact of disease, trauma & aging on visual system

- | | | | |
|----|--|-------|-------|
| 1. | Know normal changes in vision with aging, such as changes in the lens, pupil size, light/dark adaptation, and glare sensitivity. | _____ | _____ |
| 2. | Know visual and non-visual effects of other medical conditions such as diabetes, head injury, multiple sclerosis, cerebral palsy, or Parkinson’s on vision rehabilitation. | _____ | _____ |
| 3. | Know psychosocial consequences of vision impairment. | _____ | _____ |

Knowledge of optical and non-optical equipment and intervention strategies

- | | | | |
|----|---|-------|-------|
| 1. | Know and use principles of optics including implications of refractive errors, effects of lenses on magnification, effects of prisms, and the different definitions of magnification. | _____ | _____ |
| 2. | Know clinical rationales for prescription of optical devices. | _____ | _____ |
| 3. | Know optical devices used for near tasks including magnification and optical specifications, advantages and limitations, positioning requirements, appropriate visual skills, and care and maintenance. | _____ | _____ |
| 4. | Know optical devices used for intermediate tasks, magnification specifications, including advantages and limitations, appropriate visual skills, and care and maintenance. | _____ | _____ |
| 5. | Know optical devices for distance tasks including magnification specification, advantages and limitations, appropriate visual skills, and care and maintenance. | _____ | _____ |
| 6. | Know field expansion devices. | _____ | _____ |

- | | | | |
|-----|---|-------|-------|
| 7 | Know non-optical and electronic, computer based devices for magnification. | _____ | _____ |
| 8. | Know optical and non-optical devices for lighting and glare control. | _____ | _____ |
| 9. | Know non-optical devices for activities of daily living, leisure skills, educational and vocational activities. | _____ | _____ |
| 10. | Know other options including text-to-speech systems for reading. | _____ | _____ |

Knowledge of the referred consumer

- | | | | |
|----|---|-------|-------|
| 1. | Know normal human development across the life span (visual development from birth, major physiological, motor, cognitive, and sensory changes, and their implications). | _____ | _____ |
|----|---|-------|-------|

Knowledge of components of low vision evaluation

- | | | | |
|-----|--|-------|-------|
| 1. | Review and interpret vision reports including abbreviations and notations that describe pathology, visual functioning, and refractive error. | _____ | _____ |
| 2. | Know tools and techniques for evaluating the visual function of consumers who have differing cognitive and linguistic abilities. | _____ | _____ |
| 3. | Know tools, techniques, and notations for evaluating functional visual acuities, interpreting results, and integrating results into treatment. | _____ | _____ |
| 4. | Know tools and techniques for evaluating functional visual fields, interpreting results, and integrating results into treatment. | _____ | _____ |
| 5. | Know tools and techniques for evaluating contrast sensitivity function, interpreting results, and integrating results into treatment. | _____ | _____ |
| 6. | Know techniques for observing, evaluating, & interpreting performance of ocular motor skills, use of Preferred Retinal Locus, and light/dark adaptation. | _____ | _____ |
| 7. | Evaluate environment (school, work, and home) including lighting, glare, visual clutter and impact on visual function, and ergonomics. | _____ | _____ |
| 8. | Evaluate visual demands of a task considering size and distance of target, lighting, contrast, duration and speed. | _____ | _____ |
| 9. | Know how to calculate and apply acuity reserve, contrast reserve and field of view requirements for reading. | _____ | _____ |
| 10. | Know basis for and how to complete a reading media Assessment. | _____ | _____ |
| 11. | Evaluate the appropriateness of devices for the performance of daily living, vocational and educational activities. | _____ | _____ |
| 12. | Know the basis for referral for Braille instruction. | _____ | _____ |

Knowledge of how to plan an individualized vision rehabilitation plan with consumer & family

- | | | | |
|----|--|-------|-------|
| 1. | Know techniques and strategies for eliciting vision rehabilitation goals during the interview with the consumer and family. | _____ | _____ |
| 2. | Know how to write observable and measurable goals. | _____ | _____ |
| 3. | Know how to present and write recommendations, accommodations, and use of appropriate materials across environments. | _____ | _____ |
| 4. | Know the basis for referral to other vision rehabilitation and rehabilitation professionals including, but not limited to, vision rehabilitation therapist, vocational counselor, educator, orientation & mobility specialists, occupational therapists, physical therapists, speech therapists, social workers, physicians, psychologists, and psychiatrists. | _____ | _____ |

Knowledge of how to implement an individualized vision rehabilitation plan with consumer & family

- | | | | |
|----|--|-------|-------|
| 1. | Know techniques for integrating the performance of ocular motor skills, and eccentric viewing into daily activities. | _____ | _____ |
| 2. | Know how to meet visual requirements of a task by considering size, distance, lighting, contrast, duration, and speed of a target. | _____ | _____ |
| 3. | Know methods and materials for teaching visual skills including localizing, focusing, fixation, tracing, scanning, tracking, and distance and depth judgment. | _____ | _____ |
| 4. | Know methods and materials for teaching awareness and implications of central and peripheral visual field loss and use of remaining vision. | _____ | _____ |
| 5. | Know and apply principles of optics, size and relative distance magnification and implications of refractive errors to compensate for impaired visual acuity to enable performance of a variety of activities. | _____ | _____ |
| 6. | Know how to select alternative optical devices that have equivalent magnification properties. | _____ | _____ |
| 7. | Know how to teach use of optical devices to perform a variety of self-care, leisure, academic, household and vocational activities. | _____ | _____ |
| 8. | Know how to design and teach use of non-optical strategies to achieve magnification, ergonomic solutions, contrast enhancement, optimal lighting, glare control, performance of activities of daily living. | _____ | _____ |
| 9. | Know how computer assistive devices and software enable achievement of home management, vocational and educational goals. | _____ | _____ |

10. Know appropriate referral resources including vision rehabilitation services, medical and other healthcare, social/recreational, educational support services, vocational rehabilitation, and community services. _____

Knowledge of how to manage practice and resources

1. Know aspects of maintaining confidentiality of consumer information. _____
2. Know application of professional code of ethics and standards of practice. _____
3. Know the laws and legal issues that apply to education and rehabilitation practice. _____
4. Describe policies and requirements for insurance and governmental funding for services and devices. _____

CLVT Practice Supervisor (Signature)

Date

CLVT Practice Supervisor (Print Name)

APPENDIX E

CODE OF ETHICS FOR LOW VISION THERAPISTS

PREAMBLE

The preservation of the highest standards of integrity is vital to the successful discharge of the professional responsibilities of the Low Vision Therapist. This Code of Ethics has been established to safeguard the public health, safety, and welfare and to assure that low vision services of the highest possible quality are available to consumers. A violation of a provision of the Code of Ethics constitutes unprofessional conduct and makes the professional subject to disciplinary action. Accordingly, failure to specify a particular responsibility or practice in the code should not be construed as a deliberate omission.

1. A Low Vision Therapist shall be dedicated to providing competent vision rehabilitation with compassion and respect.
2. A Low Vision Therapist shall deal honestly with consumers and colleagues and strive to expose those Low Vision Therapists deficient in character or competence or who engage in fraud or deception.
3. A Low Vision Therapist shall respect the law and also recognize a responsibility to seek changes in those requirements that are contrary to the best interests of the consumer.
4. A Low Vision Therapist shall respect the rights of consumers, of colleagues, and of other professionals and shall safeguard confidences within the constraints of the law.
5. A Low Vision Therapist shall continue to study, apply, and advance scientific knowledge; make relevant information available to consumers, colleagues, and the public; obtain consultations; and use the talents of other health professionals, when indicated.
6. A Low Vision Therapist shall, in the provision of appropriate care, except in emergencies, be free to choose with whom to associate, and the environment in which to provide services.
7. A Low Vision Therapist shall recognize a responsibility to participate in activities contributing to an improved professional community.
8. A Low Vision Therapist shall practice in accordance with the body of knowledge related to low vision.

STANDARDS OF PROFESSIONAL BEHAVIOR

1. A Low Vision Therapist shall provide assessment, evaluation, and intervention in a collaborative low vision service. Such service includes a medical examination by an eye care professional and a clinical examination by a low vision practitioner.

2. A Low Vision Therapist shall provide assessment, evaluation, and intervention for consumers with low vision disorders only within an interdisciplinary professional relationship. The Low Vision Therapist may not evaluate or intervene solely by correspondence. This does not preclude follow-up correspondence with a consumer previously seen or providing the consumer with general information of an educational nature.
3. A Low Vision Therapist shall participate in the evaluation of devices prescribed/dispensed to persons receiving services to determine their effectiveness.
4. A Low Vision Therapist who performs assessments, evaluations, and interventions shall use instruments, techniques, and procedures commonly recognized by his/her profession and compatible with his/her education, expertise, and professional competence.
5. If, in the course of providing services, it is suspected that a consumer needs additional medical/clinical care, this will be addressed through appropriate referrals.
6. A Low Vision Therapist shall use every resource available, including referrals to other specialists as needed, to provide the best service possible.
7. A Low Vision Therapist shall fully inform a person receiving services, a parent or guardian of the nature, costs, and possible effects of the services.
8. A Low Vision Therapist shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.
9. A Low Vision Therapist shall provide appropriate maintenance and access to the records of a consumer receiving services professionally.
10. A Low Vision Therapist shall take all reasonable precautions to avoid injuring a consumer in the delivery of professional services.
11. A Low Vision Therapist shall evaluate services and products rendered to determine their effectiveness.
12. A Low Vision Therapist may not exploit a consumer in the delivery of or payment for professional services. Exploitation of services includes accepting persons for assessments or intervention or by continuing therapy when benefits to the consumer cannot reasonably be expected.
13. A Low Vision Therapist may not guarantee the results of a therapeutic procedure, directly or by implication. A reasonable statement of prognosis may be made, but caution shall be exercised not to mislead a consumer receiving services professionally to expect results that cannot be predicted from sound evidence.
14. A Low Vision Therapist may not discriminate in the delivery of professional services on the basis of disability, race, sex, age, religion, sexual preference, health status, or any other basis that is unjustifiable or irrelevant to the need for and potential benefit from the services.

15. A Low Vision Therapist shall continue professional development throughout his/her professional career.
16. A Low Vision Therapist may not provide services or supervision that he/she is not qualified to perform nor permit services to be provided by a staff person under his/her supervision who is not qualified.
17. A Low Vision Therapist may not offer professional services by assistants, students, or trainees for whom appropriate supervision and responsibility is not provided.
18. A Low Vision Therapist may not require or suggest that anyone under his/her supervision engage in a practice that is a violation of the Code of Ethics.
19. A Low Vision Therapist will accurately represent his/her level of training, competence, and role in the interdisciplinary team.
20. A Low Vision Therapist's public statements providing information about professional services and products may not contain representations or claims that are false, deceptive or misleading.
21. A Low Vision Therapist may not use professional or commercial affiliations in a way that would mislead consumers or limit the services available to them.
22. Consumers shall be provided with freedom of choice as to the source of services and products.
23. Devices associated with professional practice shall be dispensed to a consumer as a part of a program of comprehensive habilitative care.
24. Fees established for professional services shall be independent of whether a device is dispensed.
25. Price information about professional services rendered and devices dispensed shall be disclosed by providing to or posting a complete schedule of fees and charges in advance of rendering services. This schedule shall differentiate between fees for professional services and charges for devices dispensed.
26. A Low Vision Therapist may not participate in activities that constitute conflicts of professional interest.
27. A Low Vision Therapist is required to report a violation of the Code of Ethics.
28. A Low Vision Therapist may not engage in a violation of the Code of Ethics or attempt in any way to circumvent it.
29. A Low Vision Therapist may not engage in dishonesty, fraud, deceit, misrepresentation or any other form of illegal conduct.

30. A Low Vision Therapist shall not practice while unable to do so with reasonable skill and safety (e.g., under conditions of illness, drunkenness, non-prescriptive use of controlled substances, chemicals, or other types of materials).
31. A Low Vision Therapist shall not withdraw professional services after a professional relationship has been established without informing the consumer of where to obtain the necessary and equivalent professional services in a timely manner.
32. Harassing, abusing, or intimidating a consumer is prohibited. In addition, sexual contact or requests for sexual contact with a consumer is prohibited.
33. Committing an act of dishonesty, corruption, or criminal behavior that directly or indirectly affects the health, welfare or safety of others is prohibited.